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10/15/09

OCT 12 2009

STATE OF SOUTH CAROLINA

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Simon Pettigrew Jr.  
S and F Transportation

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2009 - 432 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)  
Submitted by:

Simon Pettigrew Jr.

Telephone:

843-420-3012

Address:

111 W Smith Street  
Timmonsville, SC  
29161

Fax:

843-420-3012

Other:

Email: Spettigrew@PSC.PR.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☒ Request Expedite
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

PSC SC  
DOCKETING DEPT.  
OCT 12 2009

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

835

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

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OCT 12 2009

CLASS C - NON-EMERGENCY

ORS  
T,T,W,W,W

Date: 11-9-2009

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Simon Pettigrew Jr dba Sand F Transportation

111 Smith Street Timmonsville, SC. 29161

Street Address of Applicant

Mailing Address of Applicant if different from street address

843-420-3012

Phone

843-420-3012

Fax

SPettigrew@SC.rr.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Simon Pettigrew

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:  
Month Oct Year 2009

<b><u>Assets:</u></b>	
Cash	500
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	4000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	<b>4500</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>4500</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

1.50 per mile  
200 per trip

Counties to be Served:

Statewide

Maximum Number of Passengers per Vehicle:

7

### DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

Simon Pettigrew Jr. dba Sand F Transportation  
Name of Motor Carrier  
111 Smith Street Timmonsville, SC 29161  
Address of Motor Carrier

### Amount of Premium:

Liability Insurance \$ 4000.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

	Limits Quoted	
Liability Combined Each Occurance	\$ 1,000,000	1 000 000
Medical Payments per Person	\$ 1,000	1 000

National Casualty Ins Company  
Name of Insurance Company  
1245 Celebration Blvd Florence, SC 29501  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-9-09 Jeery Poston 843-407-4090  
Date Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Simon Pettigrew Jr. Lha Sand F Transportation  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

11 Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Flourie

[Signature]  
Applicant's Signature

I, [Signature], Owner  
Name of Applicant's Representative Title

of S and F Transportation  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 09 day of Oct, 2009

[Signature]  
Notary Public

Commission Expires 2-17-2019

